DEPARTMENT OF FISH AND GAME
CALIFORNIA SALTWATER DIVING RECORD VERIFICATION

1. I hereby certify that I have examined a fish / shellfish in fresh / frozen / preserved condition caught on_____ by Mr. / Ms. _____
   (Month, Day, Year) (Name of Angler)
   of_____ _____
   (Street, City, State, Zip Code) (Home Phone Number)
   at_____ _____
   (Location of Catch) (County)

2. A photo or news item on the fish / shellfish is enclosed: Yes or No

3. Fish / lobster weight _____lbs _____oz, or (_____kg)
   Abalone / scallop length _____inches, or (_____cm); two witnesses required:
   _____ _____ _____
   (Witness Name) (Street, City, State, Zip Code) (Home Phone Number)
   _____ _____ _____
   (Witness Name) (Street, City, State, Zip Code) (Home Phone Number)

4. Scale certification:_____ Date of certification:_____
   (Number) (Month, Day, Year)

5. I have identified the fish / shellfish as a (Common Name):_____
   Genus:_____ Species:_____

6. Optional measurements:
   a. Total length _____ft _____inches, or (_____cm)
   b. Taxonomic measurements:_____
   (Lateral Line Scales, Ray Count, Etc.)

   c. Carapace length _____inches, (_____cm), or abalone width _____inches, (_____cm)

7. Method of diving (free or SCUBA) and gear used (pole spear, spear gun, etc.) to take specimen:
   _____

8. Remarks: _____
   _____

Name:_____
Title:_____

Record submission form and photograph should be mailed to:

Brian Owens
Department of Fish and Game
4665 Lampson Avenue, Suite C
Los Alamitos, CA 90720

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